

STATE OF MICHIGAN CIRCUIT COURT FOR THE COUNTY OF MACOMB	<b>REQUEST FOR PAYMENT          OF COURT APPOINTED          ATTORNEY FEES</b>	Circuit Ct. Case No. District Ct. Case No. Judicial Aide Acct. No.
PEOPLE OF THE STATE OF MICHIGAN	v	Defendant Name

Attorney Name	Bar No.	Tax I.D. No.
Street Address	Phone Number	Fax Number
City, State, Zip	Date of Appointment	Macomb County Vendor No.
Charge(s)/Type of Case		Client Name
Sentence (Date, Type)		

I was appointed to represent the defendant in this action. I request payment for the following services pursuant to the indigent fee schedule. (If your request is for simultaneous services in separate case numbers, check the following appropriate blank and reduce the amount requested accordingly. Use a separate form for each case). ☐ 2nd simultaneous case (reduce fees by 50%). ☐ 3rd simultaneous case (reduce fees by 75%). 4th or simultaneous case, no additional compensation.

	<u>DATE(S) OF SERVICE</u>	<u>FEES</u>
<input type="checkbox"/> Initial Preparation \$100.00	_____	_____
<input type="checkbox"/> Lineup (In Macomb, \$50.00; Out, \$100.00)	_____	_____
<input type="checkbox"/> Waiver of Preliminary Exam \$50.00	_____	_____
<input type="checkbox"/> Plea or dismissal instead of preliminary examination \$100.00	_____	_____
<input type="checkbox"/> Preliminary Exam <u>Non Capital</u> <u>Capital</u> Half-Day    _____ days x \$125.00    _____ days x \$150.00 Full Day    _____ days x \$175.00    _____ days x \$200.00	_____	_____
<input type="checkbox"/> Waiver of Circuit Court Arraignment \$50.00	_____	_____
<input type="checkbox"/> Circuit Court Arraignment/First Conference \$100.00	_____	_____
<input type="checkbox"/> Pretrial Conference actually conducted \$75.00	_____	_____
<input type="checkbox"/> Appearance Resulting in Remand to District Ct. \$50.00	_____	_____
<input type="checkbox"/> Filing Motion \$50.00 <input type="checkbox"/> Wade <input type="checkbox"/> Discovery <input type="checkbox"/> Remand to District Court <input type="checkbox"/> Walker <input type="checkbox"/> Quash <input type="checkbox"/> Withdraw/Withdraw Plea <input type="checkbox"/> Expert Witness(es) <input type="checkbox"/> In Limine <input type="checkbox"/> Forensic <input type="checkbox"/> HYTA / 7411 Motion <input type="checkbox"/> Motion to Suppress <input type="checkbox"/> Other Motion(s) _____	_____	_____

	<u>DATE(S) OF SERVICE</u>	<u>FEES</u>
<input type="checkbox"/> Research in support of motion \$125.00 (Type of motion:_____)	_____	_____
<input type="checkbox"/> Oral Argument on Motion \$75.00	_____	_____
<input type="checkbox"/> Evidentiary Hearing _____ Half-Days x \$100.00 (circuit court, with witness(es), per half day)	_____	_____
<input type="checkbox"/> Adjournment of event not attributable to defense counsel where counsel actually appeared _____ Days x \$50.00	_____	_____
<input type="checkbox"/> Guilty Plea (Circuit Court) Non Capital \$250.00 Capital \$350.00	_____	_____
<input type="checkbox"/> Circuit Court Trial or Dismissal on Day of Trial Non-Capital (FH) Cases _____ days x \$350.00 Capital (FC) Cases _____ days x \$500.00	_____	_____
<input type="checkbox"/> Advisory or Paternity Trial Counsel _____ Half-Days x \$100.00 _____ Full Days x \$200.00	_____	_____
<input type="checkbox"/> Sentence on Date of Plea \$50.00	_____	_____
<input type="checkbox"/> Sentence on Subsequent Date \$100.00	_____	_____
<input type="checkbox"/> Deferred Sentence Review Hearing \$100.00	_____	_____
<input type="checkbox"/> Probation Violation Proceeding \$125.00	_____	_____
<input type="checkbox"/> Domestic Hearing (no initial prep fee) \$100.00	_____	_____
<input type="checkbox"/> Appearance at Arraignment on Bench Warrant \$75.00	_____	_____
<input type="checkbox"/> Extradition Proceedings _____ hours x \$25.00	_____	_____
<input type="checkbox"/> I seek compensation for extraordinary services for the reasons set forth in detail in the attached statement _____ hours x \$25.00	_____	_____
<input type="checkbox"/> Other Services _____ hours x \$25.00 (Attach itemized statement)	_____	_____
<b>TOTAL FEES REQUESTED</b>		_____

I understand that payment for extraordinary services is discretionary and may only be available by written motion before the Judge assigned to the case. I have not received compensation from any source in handling this case. I have no expectation of receiving, nor will I accept, any other compensation. I accept the above requested fees as the full and complete payment for services rendered to date in this case.

VERIFICATION UNDER MCR 2.114: I declare that the statements above are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date

**A COPY OF THE NOTICE OF APPOINTMENT MUST BE ATTACHED.** FORWARD BILLING TO: OFFICE OF THE JUDICIAL AIDE, MACOMB COUNTY COURT BUILDING, 40 N. MAIN, MOUNT CLEMENS, MI 48043